

ORIGINAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 24
OMB NO.: 0938-

State: New Jersey

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 35.301
DMAHS/IV-A

This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible
for one year so long as the woman remains eligible
and the child is a member of the woman's household.

42 CFR 435.308

5. ☒ a. Financially eligible individuals who are not
described in section C.3. above and who are
under the age of--
 ☒ 21
 ___ 20
 ___ 19
 ___ 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

☐ b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

___ (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:

___ (a) In foster homes (and are under the age
of ____).

___ (b) In private institutions (and are under
the age of ____).

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C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 ☐ 6. Caretaker relatives.

42 CFR 435.320 ☒ 7. Aged individuals.
and 435.330

42 CFR 435.322 ☒ 8. Blind individuals.
and 435.330

42 CFR 435.324 ☒ 9. Disabled individuals.
and 435.330

42 CFR 435.326 ☐ 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.

435.340

DMAHS/IV-A

11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
- b. Were eligible as medically needy in December
1973 as blind or disabled; and
- c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

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State: New Jersey

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

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SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Jersey

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

TN No. 91-43 Approval Date FEB 26 1992 Effective Date ~~OCT 1 1991~~
Supersedes
TN No. 85-7 HCFA ID: 7983E

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Revision: HCFA-PM-91-4 (BPD)
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SUPPLEMENT 3 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

TN No. 91-43
Supersedes New Approval Date FEB 28 1992 Effective Date OCT 1 1991
TN No. New HCFA ID: 7983E